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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Automotive Free International Trade PAC 1625 Prince Street ADDRESS (number and street) Suite 225 (Check if address is changed) Alexandria 22314-CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address bernadette@afitpac.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00250399 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Hakes, Howard,, Date 04 09 2025 Signature of Treasurer Hakes, Howard, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1

Federal Election Commission Use Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	n below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	ee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	
Name of Candidate	
Party Committee:  (d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line	6.) Its connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a sep committee. (i.e., nonconnected committee)	parate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) X This committee is a political committee with both contribution and non-contribution according to the contribution	ounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federal	·
(j) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candi	·
Committees Participating in Joint Fundraiser	

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٧	Vrite or Type Committee Nam	•		
	Automotive Fre	e International Trade PAC		
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraisi	ng Representative, or Leadership PAC Sponso	or
	None			
	Mailing Address			
		CITY ▲	STATE ▲ ZIP CODE ▲	
	Relationship: Connecte	d Organization Affiliated Organization Joint Fu	undraising Representative Leadership PAC S	ponso
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and p	position of the person in possession of committee	
	Cala, Ber	rnadette, L., ,		
	Mailing Address	1625 Prince St		
		Ste 225		
		Alexandria	VA   22314-2889   _	
		CITY A	STATE ▲ ZIP CODE ▲	
	Title or Position ▼	5	211 3052 -	
	Custodian of Records	Teleph	none number	
8.	Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasure, assistant treasurer).	er of the committee; and the name and address	of
	Full Name Hakes, H	loward, , ,		
	Mailing Address	388 Cordova St		
		Unit 310		
		Pasadena	CA 91101-5840 -	
		CITY ▲	STATE ▲ ZIP CODE ▲	
	Title or Position ▼		ı 818 ı ı 426 ı ı 040	nn
	Treasurer	Teleph	none number $\begin{bmatrix} 818 \\   \end{bmatrix} - \begin{bmatrix} 426 \\   \end{bmatrix} - \begin{bmatrix} 040 \\   \end{bmatrix}$	, <u> </u>

	FEC Form 1 (Revise	ed 02/2009)		Page <b>4</b>
	Full Name of Designated Agent			
	Mailing Address			
	Title on Desition —	CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼		umber	
-	Banks or Other Deposit safety deposit boxes or n	<b>ories:</b> List all banks or other depositories in which the commaintains funds.	ittee deposits funds, hol	ds accounts, rents
	Name of Bank, Depositor	y, etc.		
	John Mailing Address	Marshall  240 Franklin Street		
		Alexandria  CITY	VA 22314 STATE ▲	ZIP CODE ▲
	Name of Bank, Depositor			
	Unite	d Bank		
	Mailing Address	1737 King Street		
		Alexandria	VA 22314	
		CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundrais	ng rantopanti				
1.			FEC ID	number	С
2.			FEC ID	number	С
3.			FEC ID	number	C
4.			FEC ID	number	С
lame of Any Connecte	d Organization, Affiliate	ed Committee, Joint F	- -undraising Rep	resentative	, or Leadership PAC Spon
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE A
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			-	Representa	tive Leadership PAC S
esignated Agent: Ident			-	Representa	tive Leadership PAC S
esignated Agent: Ident			-	Representa	Leadership PAC S
esignated Agent: Ident		none number – optiona	al)		
esignated Agent: Ident	fy by name, address (ph		al)	Representa	Leadership PAC S
esignated Agent: Ident  Full Name  Mailing Address	fy by name, address (ph	none number – optiona	al)	STATE A	
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION Anks or Other Deposite afety deposit boxes or necessity.	fy by name, address (pl	none number – optiona	al)	STATE A	
esignated Agent: Ident Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (pl	none number – optiona	al)	STATE A	ZIP CODE A

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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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		FEC II	number	C
		FEC II	number	С
		FEC II	number	С
		FEC II	number	С
organization, Affiliated	Committee, Joint F	Fundraising Rep	presentative	e, or Leadership PAC Spon
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by name, address (pho	ne number – optiona	al)		
			STATE A	ZIP CODE A
	ne number – optiona		STATE A	ZIP CODE A
		CITY A	CITY A	

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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). <b>Joint Fundrais</b>					
1.			FEC ID	number	C
2.			FEC ID	number	С
3.			FEC IE	number	C
4.			   FEC ID	) number	С
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Mailing Address					
Relationship:		CITY		CTATE A	7ID CODE A
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esignated Agent: Ident	fy by name, address (ph		al)	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address	fy by name, address (ph	none number – optiona	al)	STATE A	
esignated Agent: Ident  Full Name	fy by name, address (ph	none number – optiona	al)  Telephone N	STATE A umber	
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (ph	none number – optiona	al)  Telephone N	STATE A umber	ZIP CODE A